aces aware
SCREEN. TREAT. HEAL.

No One Size Fits All: Different Approaches to Piloting ACE Screening and Toxic Stress Treatment

How starting small with a pilot project can support your success

The ACEs Aware initiative recommends that all children are screened annually for Adverse Childhood Experiences (ACEs) to assess risk of toxic stress. Adults should be screened at least once in adulthood — and although ACEs occur in childhood (by definition) and therefore do not change, patient comfort with disclosure may change over time, so re-screening for adults may be considered (although Medi-Cal payment only covers one screen for adults ages 21-64).

While universal routine ACE screening for your patient population may be the ultimate goal, you do not need to start with a full-scale implementation. In fact, experts in the implementation of health care innovations and quality improvement recognize the importance of pilots. Pilots allow you and your team to test out your initial ideas on how to integrate ACE screening into your workflow and make informed decisions about how to scale your efforts.

How should you start? The approach you take will depend on many factors, including if you are just starting to plan for ACE screening and toxic stress treatment or if you are already screening and interested in expanding. This article provides guidance to help practices that are just beginning to plan for ACE screening and toxic stress treatment to determine a feasible way to start — with a pilot project.

What is a pilot project?

A pilot is a small-scale feasibility project to help you learn how to start and to collect lessons towards broadening a new screening process in your practice. Characteristics of a pilot include one or more of the following:

- Lasts a short time (e.g., three months)
- Involves a small group of team members
- Can be implemented with little practice support and modest funding;
- Is targeted or smaller in scope (such as screening 20-40 patients over six weeks)
- Has the primary goal of collecting data and identifying lessons learned to inform a larger implementation effort

Why start with a pilot project?

Integrating ACE screening and interventions to mitigate the toxic stress response into the clinical workflow requires clinical, administrative, operational, and cultural changes which may have implications for various roles at your clinic. Launching a pilot project enables the implementation team to better understand the necessary logistics for screening and response before embarking on a larger-scale project. For example, you could focus first on educating, training, and discussing how the ACEs Aware clinical workflow will be used by members of the implementation team.

A pilot is a great way to quickly learn lessons from what works well in your practice and what does not. It can be helpful to design your pilot with your end goals in mind, along with knowledge of possible barriers to adoption (e.g., clinician discomfort with screening, workflow issues, perceived or actual lack of support services for response). This way the pilot can inform the implementation plan for launching a larger screening program (e.g., practice-wide). For more information about common questions and concerns, check out the FAQs.

Example scenario: A multi-site practice seeks to implement screening across all sites. A possible barrier to adoption is whether sites with different staffing levels will be able to adequately manage the workflow. In this case, a pilot may include screening 20-40 patients in one of its moderately staffed clinics over six weeks with the purpose of gathering data such as how long it will take to administer a screen and to understand how staff experienced the process as a first step to assess feasibility.

Additionally, pilots can be a way to introduce ACE screening and toxic stress treatment in a way that is feasible and allows for important team learning about what your organization needs to sustain this practice. It can be easier to get leadership buy-in for a pilot project than for a full-scale program because a pilot requires a smaller budget, fewer staff, and does not impact the workflow for everyone across the practice.

Example scenarios: A small practice could start by screening every new pregnant patient for three months. A large practice could try expanding screening by a certain number of clinics (e.g., two clinics) every three months until all of the clinics in the organization are screening.

How to start a pilot project

There are many different approaches that can be taken for a pilot project. The most important variables to determine are:

1. Who will be screened and when
2. What clinical response will be offered to patients based on their screening results (internal to the clinic and externally)
3. What data will be collected

1. Who will be screened and when

Following are the criteria that could be used to select who and when to screen as well as some examples for each criteria:

- **Days of the week:** Screen patients on Tuesdays and Fridays
- **Times of the day:** Screen patients in the morning during the attending physicians' clinic or in resident clinics in the afternoon
- **Clinician's schedule:** Screen in clinic two days per week with a designated clinician(s)
- **Clinic types:** Screen in adolescent clinics, asthma clinics, or weight management clinics
- **Age or special populations:** Start screening 0 to 5-year-olds, 13 to 15-year-olds, parents of newborns, pregnancy intakes, or patients with cardiac conditions or substance dependencies

2. What clinical response will be offered to patients based on screening results (internal to the clinic and externally)

Determine what you can offer now and how you will augment these responses as you continue to learn from your pilot:

- **Applying principles of trauma-informed care:** Seek ways to establish trust, safety, and collaborative decision-making with patients and as an organization both as a way to create a healthy and sustainable screening environment and to support the clinical response to ACE screening. Consider looking at ways to adapt your physical and virtual spaces to be trauma-informed, offering staff training in trauma-informed principles and clinician-patient interactions, and seeking out ways to enhance self- and team-care for staff.
- **Patient education and anticipatory guidance support materials:** Select waiting room and direct patient education and anticipatory guidance materials on ACEs, toxic stress, and stress mitigation strategies.
- **Supplementing usual care for ACE-Associated Health Conditions:** Specifically incorporate evidence-based strategies that mitigate the toxic stress response as part of the treatment plan for ACE-Associated Health Conditions.
- **Network of care:** Start with your current internal and external resources and look to grow your network to reflect the full breadth of toxic stress mitigation interventions.
- **Strategies that facilitate or enhance access:** Look to improve relationships with referral providers, create mechanisms for warm hand-offs, introduce care coordination, and use technological platforms that facilitate referral and follow up.

3. What data will be collected

One purpose of a pilot project is to collect data, which can create opportunities for process improvement. For example, data could include:

- Number of screens completed
- Demographics of individuals screened (age, race, ethnicity, etc.)
- Screener used (identified vs. de-identified)
- ACE screening results (i.e., ACE score, ACE-Associated Health Conditions, protective factors, toxic stress risk level based on the ACEs Aware algorithm)
- Clinical response (e.g., patient education, anticipatory guidance
- Referrals made, if applicable, and if referral loop was closed)
- Qualitative experience of providers, staff, and patients
- Patients identified as having improved management of AAHCs (e.g., asthma, diabetes, depression)

You can learn more about collecting and tracking data in Stage 3 of the How-To Guide.

Take time to reflect on what worked well and what did not. Based on the data, tweak as needed to improve clinic flow, staff engagement, and/or workflow challenges.

For example, have a nurse hand the patient or caregiver the screen instead of registration staff, or have clinic staff place the completed screen on the provider's desk versus the bin on the patient door. In addition, discuss how to incorporate learnings into the clinic workflow and keep evolving the workflow until the team feels comfortable that the workflow can be standardized and scaled.

How long should a pilot program run?

It is important to screen consistently for standard intervals, such as weekly or every two weeks for three months. This will help ensure you "pause and adjust" between intervals to adapt your approach and help get the workflow running smoothly.

The goal is to get to a point where you have addressed and mitigated all of the challenges you encountered during the pilot process related to the clinical workflow. In addition, you could continue the pilot until clinical teams and staff say they feel comfortable and know what to do to support and treat patients at low, intermediate, and high risk for toxic stress.

Employing a quality improvement strategy, such as Plan-Do-Study-Act cycles will help provide focus for this testing and learning approach. Stage 3 of the How-To Guide provides more details on quality improvement strategies and selecting key performance indicators.

After you complete your pilot project, the next step is to scale it to a larger (e.g., practice-wide) program. You will learn more about how to do that in Stage 3.

References

Developed with input from ACEs Aware clinical advisors and Clinical Implementation Subcommittee members, and based on the following references:

Center for Community Health and Evaluation. Screening for adverse childhood experiences (ACEs) in pediatric practices, 2019. https://www.kpwashingtonresearch.org/application/files/8215/7687/2495/CCHE_ACEs_Screening_Lessons.pdf.

Center for Health Care Strategies. Key Ingredients for Trauma Informed Care, 2017. https://www.traumainformedcare.chcs.org/wp-content/uploads/2018/11/Fact-Sheet-Key-Ingredients-for-TIC.pdf.

Institute for Healthcare Improvement. PDSA Com arison: Pilot vs. Implementation, 2015. http://www.ihi.org/education/IHIOpenSchool/Courses/Documents/QI105_L1_PDSAsforImplementation.pdf.

Hussey P, Bankowitz R, Dinneen M, Kelleher D, Matsuoka K, McCannon J, Shrank W, Saunders R. From Pilots to Practice: Speeding the movement of successful pilots to effective practice. Discussion Paper, Institute of Medicine, 2013. https://nam.edu/perspectives-2013-from-pilots-to-practice-speeding-the-movement-of-successful-pilots-to-effective-practice/.

National Pediatric Practice Community on ACEs (NPPC). National Pediatric Practice Community on ACEs Pilot Site Program Cohort 1 Final Evaluation Report, 2019. https://nppcaces.org/casestudies/.

The National Council for Behavioral Health. Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care, 2017. https://www.thenationalcouncil.org/wp-content/uploads/2019/12/FosteringResilienceChangePackage_Final.pdf?daf=375ateTbd56.

May 2021